

SEP 19 2005

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Sheet 1 of 1

| Complete if Known | |
|------------------------|----------------|
| Application Number | 10/650571 |
| Filing Date | Aug 27, 2003 |
| First Named Inventor | Oriakhi et al. |
| Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 200300745-1 |

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature *Juror T. Battas* **Date Considered** *4/17/06*

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. **1** Applicant's unique citation designation number (optional). **2** See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. **3** Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). **4** For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. **5** Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. **6** Applicant is to place a check mark here if English language transcription is attached.

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PATENT APPLICATION

Sheet 1 of 2

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| FORM PTO-1449 LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary) | | ATTY. DOCKET NO. 200300745-1 | APPLICATION NO. | CONFIRMATION NO. |
| | | APPLICANT Oriakhi et al. | | |
| | | FILING DATE | GROUP | |

REFERENCE DESIGNATION U.S. PATENT DOCUMENTS

| EXAMINER INITIAL | DOCUMENT NUMBER | PUBLICATION DATE | NAME | Pages, Columns, Lines Where Relevant Passages or Figures Appear |
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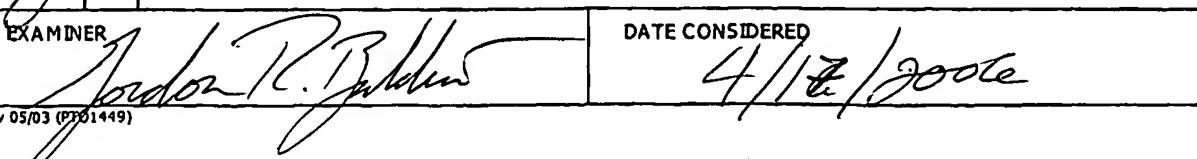
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EXAMINER



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4/18/2002

PATENT APPLICATION

Sheet 2 of 2

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| FORM PTO-1449 LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary) | ATTY. DOCKET NO. 200300746-1 | APPLICATION NO. | CONFIRMATION NO. |
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